PTO/SB/17 (10-08)
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Under the P	respond to a collection of information unless it displays a valid OMB control number								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009				Complete if Known Application Number 09/982,644-Conf. #8152					
				7.15 6.11.11.11.11.11.11.11.11.11.11.11.11.11		October 18, 2001			
						Yuichi Takatsu			
						H. T. Dass			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3692					
TOTAL AMOUNT OF PAYMENT		(\$) 180.00	(\$) 180.00				65316-0007		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FIL	ING FEES	SE	ARCH FEES	EXAMIN	NATION FEES			
Application T	ype Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES Small E								Small Entity	
Fee Description Each claim over 20 (including Reissues)							Fee (\$) 52	<u>Fee (\$)</u> 26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
<u>Total Claims</u> Extra Claims F		Fee (\$)	Fee Pald (\$)		<u>M</u>	Multiple Depende		<u>s</u>	
- 20 or HP x = <u>Fee (</u>							ee Paid (<u>\$)</u>	
HP = highest number of total claims paid for, if greater than 20.			_						
Indep. Claims	Extra Claims	Fee (\$)	F	ee Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =									
		/50 =		(round up to a who	le number)	x=	·	D 11(A)	
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00									
SUBMITTED BY Signature	/Jason D. Shanske	 e/		Registration No.	43,915	Telephone	(248) 59	94-0646	
Name (Print/Type) Jason D. Shanske				(Attorney/Agent)	, . ,	Date June 25, 2009			
rvaine (Print/Type)	Jason D. Shanske	·				Date	June 2	o, 200 9	

Fee Transmittal
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 25, 2009

Electronic Signature for Jennifer K. Stollenwerk: /Jennifer K. Stollenwerk/